

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 24 OF 44

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Jacob Turk for Congress

Full Name (Last, First, Middle Initial)

David Miller

A.

Mailing Address 1955 NW 59 Hwy

City

Lone Jack

State

MO

Zip Code

64070

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Midwest Fleet Solut

Occupation

CEO

Receipt For: 2012

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

2500

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		02		2011

Transaction ID : A-C1061

Amount of Each Receipt this Period

2500

Full Name (Last, First, Middle Initial)

Sabra Miller

B.

Mailing Address 711 N Madison Street

City

Raymore

State

MO

Zip Code

64083-9777

FEC ID number of contributing
federal political committee.

C

Name of Employer

Truman Medical Center

Occupation

Nurse

Receipt For: 2012

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

2500

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		09		2011

Transaction ID : A-C1089

Amount of Each Receipt this Period

2400

Full Name (Last, First, Middle Initial)

Sabra Miller

C.

Mailing Address 711 N Madison Street

City

Raymore

State

MO

Zip Code

64083-9777

FEC ID number of contributing
federal political committee.

C

Name of Employer

Truman Medical Center

Occupation

Nurse

Receipt For: 2012

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

2500

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		30		2011

Transaction ID : A-C1127

Amount of Each Receipt this Period

100

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

5000.00